Rapid Facility Status Report v2

Facility Name: _____ **Address:** _____

24-Hour Contact Phone Number: _____ **Date:** _____ **Time:** _____

Current POC: _____ **Email:** _____

Communications

	Fully Functional	Partially Functional	Not Functional	N/A
Fax	☐	☐	☐	☐
Internet	☐	☐	☐	☐
Radio	☐	☐	☐	☐
Facility Phone	☐	☐	☐	☐
Cell Phone	☐	☐	☐	☐
Satellite Phone	☐	☐	☐	☐
Cable TV	☐	☐	☐	☐

Additional Details:

Facility

	Fully Functional	Partially Functional	Not Functional	N/A
Roads	☐	☐	☐	☐
Fire Suppression System	☐	☐	☐	☐
Building Integrity	☐	☐	☐	☐
Electrical Power	☐	☐	☐	☐
Generator & Fuel	☐	☐	☐	☐
Sewage System	☐	☐	☐	☐
Drinking Water	☐	☐	☐	☐
Hot Water	☐	☐	☐	☐
Natural Gas/Propane	☐	☐	☐	☐
Heating & Cooling (HVAC)	☐	☐	☐	☐

Additional Details:

People

	Yes	No	N/A
Injuries/Illnesses to Staff	☐	☐	☐
Injuries/Illnesses to Patients	☐	☐	☐
Sufficient Staff Available	☐	☐	☐

Additional Details:

Supplies

	Sufficient Amounts Available	Already Requested	Plan to Request	N/A
Oxygen	☐	☐	☐	☐
Food & Water	☐	☐	☐	☐
Medications	☐	☐	☐	☐

Additional Details:

Actions Taken, Current Goals, & Additional Details:

Prepared by:

Email to: **MHOAC@co.slo.ca.us** or Fax to: **805-788-2715** For Assistance Call: **805-380-3411**